

1.) CORPORATION NAME:

**Autodesk, Inc.**

DUE DATE: **8/31/2010**

SCC ID NO: **F1186610**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 MCINNIS PARKWAY

CITY/ST/ZIP: SAN RAFAEL, CA 94903-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MARK ABRAHAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	111 MCINNIS PKWY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	PASCAL DIFRONZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/VP/GEN CNSL		
ADDRESS:	111 MCINNIS PKWY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	CARL BASS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	111 MCINNIS PKWY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	MARK J HAWKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP/CFO		
ADDRESS:	111 MCINNIS PKWY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	CRAWFORD W. BEVERIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		

NAME:	J. HALLAM DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	PER-KRISTIAN (KRIS) HALVORSEN, PH.D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	SEAN M. MALONEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	MARY T. MCDOWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	LORRIE M. NORRINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	CHARLES J. ROBEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	STEVE M. WEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	JAN BECKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	JAY BHATT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		
NAME:	STEVE BLUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS BRADSHAW SR VP 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MOONHIE CHIN SR VP 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMAR HANSPAL SR VP 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT KROSS SR VP 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC PETIT SR VP 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD M. FOEHR VP, AGC, AS 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD M. FOEHR		RICHARD M. FOEHR, VP, AGC, AS	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			